



National Park Service  
U.S. Department of the Interior

Gateway National  
Recreation Area  
  
210 New York Ave.  
Staten Island, NY 10305

**LT Bill Fournier**  
Public Health Officer  
718-354-4629 Phone  
718-354-4512 Fax  
Bill\_fournier@nps.gov

## Temporary Food Event (TFE) Vendor Application

This application is to be completed by each High Risk Food Vendor at the event. Each vendor will return a completed application with supporting documentation to the event organizer. The event organizer shall then give the applications to the Public Health Officer at least 30 days prior to the event for approval. All food vendors must follow the FDA Food Code. The FDA food code is available at:

<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/>

1. Name of Event: \_\_\_\_\_

Event Organizer: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Location: \_\_\_\_\_

Daily Start Time: \_\_\_\_\_ Daily End Time (no further cooking): \_\_\_\_\_

2. Vendor/Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of certified food facility manager staffing the event: \_\_\_\_\_

Will all food be prepared at the event? Y / N How will food be served? (Buffet, counter, stations)

3. Provide a list of high risk (temperature controlled) menu items and include how they will be prepared. Attach a separate sheet if necessary.

Menu Item i.e. (raw chicken)	Off-Site Prep(yes/no)	Cooking/Preparation Procedures (grill to internal temp of 165F on site/ cut up off site)	Holding Temperature Method (steam table/ refrigerator at event)	How Served (Hot/cold)

EXPERIENCE YOUR AMERICA

The National Park Service cares for special places saved by the American people so that all may experience our heritage.

- 
4. **Describe your temperature control methods (containers/temperature checks etc) during transit and during the event for:**

Hot Holding (135F or above)

Transit

Event

Cold Holding (41F or below)

Transit

Event

5. **Describe the hand washing facilities at the event including materials and setup:**

6. **Describe utensil sanitizing methods at the event including materials and setup:**

7. **Describe the wastewater disposal system.** Wastewater cannot be dumped on park property

8. **Describe the potable water supply at the event.** If you will provide it on your own, describe how you will haul water. You may not use the water system without park approval.

**9. Gather photocopies of the following documentation to submit with this application:**

- Copy of health department permit to operate for your operation
- Copy of current food manager training certificate for person in charge at the temporary event (your certified food safety manager must be at event at all times)
- Most recent food inspection report for your operation

**10. Review and sign** the consent section located on the second to last page of the packet.

**11. Gather approval and signature** on last page of the packet from the owner of the establishment used for food preparation for the event. The food preparation facility must also provide the following:

- Copy of health department **permit to operate**
- Copy of current **food safety manager certification** for manager in
- Copy of most recent **food inspection report**

**Vendor Consent**

I \_\_\_\_\_ (applicant of the TFE vendor permit) hereby certify that the submitted information is correct and I fully understand that any deviation from the above without prior permission from Gateway National Recreation Area (GNRA) may nullify final approval. I have read and understand the TFE Vendor Checklist and provided to the event organizer the following documentation for my temporary food operation:

- Copy of the valid permit to operate for the food preparation facility and my operation
- Copies of food manager training certificates for person in charge at the food preparation facility and for my operation working at the temporary event
- Current or valid public health inspection reports for the food preparation facility and for my operation

I agree to maintain any areas assigned to me or my organization in a clean, sanitary condition during the permit period. I also agree to have a **certified food service manager** immediately on hand during all food preparation, handling, and sales during the event.

By acceptance of the permit for the above noted event, I agree to indemnify, hold harmless, and assume the defense of GNRA from and against any and all claims, demands, and actions for damages resulting from work under this permit, regardless of the negligence of GNRA. I have read and understood my responsibilities as the vendor (initials).\_\_\_\_\_

If I have any questions regarding these requirements or wish to change my menu during the course of the event, I understand that I must discuss and receive advance approval with the Public Health Officer at (718) 354-4629 in a timely manner. I understand the egregious conditions or violations of the FDA Food Code can result in the immediate suspension or revocation of my temporary food event permit.

Applicant Signature:\_\_\_\_\_Date:\_\_\_\_\_

Applicant Printed Name:\_\_\_\_\_

The owner/manager of the licensed food establishment must attach the following documents:

- ☐ A photocopy of a current food establishment inspection report completed by the local health department/authority – the report must be within the past 12 months and must indicate a passing score.
- ☐ A photocopy of a health department permit to operate indicating the business is a licensed food establishment.
- ☐ A photocopy of a current food safety certification for the food service manager or supervisor who will be responsible for managing the licensed food establishment for the event.

## TEMPORARY FOOD EVENT VENDOR PERMIT

---

Food Facility Name: \_\_\_\_\_ Manager: \_\_\_\_\_

Event Name & Location: \_\_\_\_\_

Approval/Disapproval Date: \_\_\_\_\_ Permit Effective Dates: \_\_\_\_\_

Permit Restrictions/Reason for Disapproval:

---

---

---

---

---

Reviewed by: \_\_\_\_\_

LT Bill Fournier, Public Health Officer

---